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LA SIGUIENTE INFORMACIÓN DEBE ESTAR IMPRESA LEGIBLE O UNA COPIA MECANOGRAFIADA DE LA INFORMACIÓN COMO SE INDICA EN LA LICENCIA EXTRANJERA. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SECTION 1: DRIVER INFORMATION / SECCIÓN 1:** **INFORMACIÓN DEL CONDUCTOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **NAME/NOMBRE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **DATE OF BIRTH/FECHA DE NACIMIETNTO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SOCIAL SECURITY/SEGURO SOCIAL #** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **DRIVER LICENSE/LICENCIA DE CONDUCIR #** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **ISSUE DATE/ FECHA DE EMISIÓN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **EXPIRATION DATE/FECHA DE EXPIRACION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **TYPE/TIPO:** | | | | | | | | | | Operator/Operadores | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Learner/Aprendice | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | | |  | | | | | **ENDORSEMENTS/ ENDOSOS:** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **RESTRICTIONS/ RESTRICCIONES:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **SECTION 2: INTERPRETER INFORMATION / SECCIÓN 2:** **INFORMACIÓN DEL INTÉRPRETE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **NAME/NOMBRE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **OCCUPATION & TITLE/OCUPACIÓN Y TÍTULO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **ADDRESS/DIRECCIÓN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **CITY/CIUDAD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **STATE/ESTADO** | | | | | | | | | | | | | | | | | | | | | | | | | | | **ZIP/CÓDIGO POSTAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | **SECTION 3: AFFIRMATION /** **SECCIÓN 3: AFIRMACIÓN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | I swear or affirm that this is a true and accurate interpretation of the above valid driver’s license into American English language.  Juro o afirmo que esta es una interpretación verdadera y precisa de la licencia de conducir válida anterior en el idioma Inglés Americano. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | INTERPRETER SIGNATURE/FIRMA DEL INTÉRPRETE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | | | | | |  | | | | | DATE/FECHA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | personally appeared before me and was sworn to the facts given in this affidavit. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | this | | |  | | | | | day of | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | in the year of | | | | | | | | | | | | | | 20 | | | | | | | |  | | | | | | | | | | | . | | | | |  | | | |  | | | | | | |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | |  |  | | |  | 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| | | | | | | | | | | | | | | | . | |  | |  | | Mi comisión expira | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | . | |  |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | NOTARY SIGNATURE/FIRMA NOTARIO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | | | | | | | | | | | SEAL/SELLO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **KRS 186.430 (3)** A person over the age of sixteen (16) who is not a United States citizen and who is legally visiting this country for less than one (1) year may drive in Kentucky on a valid domestic license issued by the person's country of domicile and shall not be required to obtain a Kentucky driver's license.  **KRS 186.430 (3)** Una persona mayor de dieciséis (16) años que no sea ciudadano de los Estados Unidos y que visite legalmente este país por menos de un (1) año puede conducir en Kentucky con una licencia nacional válida emitida por el país de domicilio de la persona y no se le exigirá que obtenga una licencia de conducir de Kentucky. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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